

SERFF Tracking Number:	LTCG-126485176	State:	Arkansas
Filing Company:	Genworth Life Insurance Company	State Tracking Number:	44746
Company Tracking Number:	GWHYBRIDAR		
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Genworth Group Long Term Care Insurance		
Project Name/Number:	Genworth 2010 Hybrid Campaign Filing/GWHYBRIDAR		

Filing at a Glance

Company: Genworth Life Insurance Company		
Product Name: Genworth Group Long Term Care Insurance	SERFF Tr Num: LTCG-126485176	State: Arkansas
TOI: LTC03G Group Long Term Care	SERFF Status: Closed-Filed	State Tr Num: 44746
Sub-TOI: LTC03G.001 Qualified	Co Tr Num: GWHYBRIDAR	State Status: Closed
Filing Type: Advertisement		Reviewer(s): Marie Bennett
	Author: Timothy Cassidy	Disposition Date: 02/24/2010
	Date Submitted: 02/03/2010	Disposition Status: Filed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: Genworth 2010 Hybrid Campaign Filing	Status of Filing in Domicile: Pending
Project Number: GWHYBRIDAR	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: The filing is pending with Delaware, Genworth's state of domicile.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer, Association, Trust, Other
Filing Status Changed: 02/24/2010	Explanation for Other Group Market Type: Labor Unions
Deemer Date:	State Status Changed: 02/24/2010
Submitted By: Timothy Cassidy	Created By: Timothy Cassidy
Filing Description:	Corresponding Filing Tracking Number:
Please see attached cover letter.	

Company and Contact

Filing Contact Information

Timothy Cassidy, Compliance Manager	tcassidy@ltcg.com
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TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Genworth Group Long Term Care Insurance
Project Name/Number: Genworth 2010 Hybrid Campaign Filing/GWHYBRIDAR

5 Commonwealth Road 508-651-8800 [Phone] 24 [Ext]
Suite 2B 508-651-8804 [FAX]
Natick, MA 01760

Filing Company Information

(This filing was made by a third party - longtermcaregroup)

Genworth Life Insurance Company	CoCode: 70025	State of Domicile: Delaware
6620 West Broad Street	Group Code: 350	Company Type: Life, Health & Annuity
Building 4	Group Name:	State ID Number:
Richmond, VA 23230	FEIN Number: 91-6027719	
(804) 922-5085 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	6 pieces at \$25 per piece totals \$150
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$150.00	02/03/2010	33952792
Genworth Life Insurance Company	\$150.00	02/24/2010	34421895

SERFF Tracking Number:	LTCG-126485176	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted	
Filed	Marie Bennett	02/24/2010	02/24/2010	
Filing Notes				
Subject	Note Type	Created By	Created On	Date Submitted
Additional Filing Fee Paid	Note To Reviewer	Timothy Cassidy	02/24/2010	02/24/2010
Additional Fees	Note To Filer	Ashley Roberts	02/24/2010	02/24/2010

<i>SERFF Tracking Number:</i>	<i>LTCG-126485176</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44746</i>
<i>Company Tracking Number:</i>	<i>GWHYBRIDAR</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Genworth Group Long Term Care Insurance</i>		
<i>Project Name/Number:</i>	<i>Genworth 2010 Hybrid Campaign Filing/GWHYBRIDAR</i>		

Disposition

Disposition Date: 02/24/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>LTCG-126485176</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44746</i>
<i>Company Tracking Number:</i>	<i>GWHYBRIDAR</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Genworth Group Long Term Care Insurance</i>		
<i>Project Name/Number:</i>	<i>Genworth 2010 Hybrid Campaign Filing/GWHYBRIDAR</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Third Party Filer Authorization Letter		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Explanation of Variability		Yes
Supporting Document	49177 07/30/09		Yes
Form	Announcement w/Quote		Yes
Form	Announcement w/Quote PPR		Yes
Form	Enrollment Flyer I		Yes
Form	Announcement Postcard		Yes
Form	Extension Postcard		Yes
Form	Enrollment Flyer II		Yes

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Product Name: Genworth Group Long Term Care Insurance
Project Name/Number: Genworth 2010 Hybrid Campaign Filing/GWHYBRIDAR

Note To Reviewer

Created By:

Timothy Cassidy on 02/24/2010 11:00 AM

Last Edited By:

Marie Bennett

Submitted On:

02/24/2010 04:04 PM

Subject:

Additional Filing Fee Paid

Comments:

Dear Ms. Roberts:

We have paid an additional \$150.00 in filing fees via SERFF EFT in accordance with Arkansas' new filing fee structure. The total paid for this filing is now \$300, which is the total for 6 pieces at \$50.00 per piece.

Tim Cassidy

SERFF Tracking Number: *LTCG-126485176* *State:* *Arkansas*
Filing Company: *Genworth Life Insurance Company* *State Tracking Number:* *44746*
Company Tracking Number: *GWHYBRIDAR*
TOI: *LTC03G Group Long Term Care* *Sub-TOI:* *LTC03G.001 Qualified*
Product Name: *Genworth Group Long Term Care Insurance*
Project Name/Number: *Genworth 2010 Hybrid Campaign Filing/GWHYBRIDAR*

Note To Filer

Created By:

Ashley Roberts on 02/24/2010 10:38 AM

Last Edited By:

Marie Bennett

Submitted On:

02/24/2010 04:04 PM

Subject:

Additional Fees

Comments:

We need an additional \$150.00 with this filing, please.

Thank you!

SERFF Tracking Number: LTCG-126485176 State: Arkansas

Filing Company: Genworth Life Insurance Company State Tracking Number: 44746

Company Tracking Number: GWHYBRIDAR

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Form Schedule

Lead Form Number: 46872H 11/15/09

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	46872H 11/15/09	Advertising Announcement w/Quote	Initial		0.000	46872H_FILE STD Announceme nt.pdf
	46873H 11/15/09	Advertising Announcement w/Quote PPR	Initial		0.000	46873H_FILE STD Announceme nt - PPR.pdf
	49891 11/03/09	Advertising Enrollment Flyer I	Initial		0.000	49891_FILE STD Poster.pdf
	49892 11/03/09	Advertising Announcement Postcard	Initial		0.000	49892_11030 9_FILE STD Postcard.pdf
	49921 11/12/09	Advertising Extension Postcard	Initial		0.000	49921_FILE STD Reminder Postcard.pdf
	49922 11/20/09	Advertising Enrollment Flyer II	Initial		0.000	49922_FILE STD Flyer.pdf

1 [Genworth logo/Group logo]

1 2 [Group Name] [voluntary]

3 [employees/members/retirees] benefits include

2 [Voluntary] Group Long Term Care Insurance.

Help protect what matters – your family, your finances and your future

ENROLL BETWEEN [MONTH XX AND MONTH XX]

Dear [Carrie],

[Group Name] is pleased to announce an important [voluntary][employee/member/retiree] benefit, [Voluntary] Group Long Term Care Insurance. As you may be aware, the costs for long term care services are high [and keep rising]. Today, a [private room] in [a/an] [Metro area, State]/State nursing facility averages [\$XX,XXX]¹ per year. Since an average stay is approximately three years,² a long term care situation could potentially cost [hundreds of thousands of dollars/at least [\$xxx,xxx]].

If you don't have long term care insurance, the money to pay for these expenses may have to come from your savings, your family, your friends, or the government. All are options most of us would rather not rely upon. It's more important than ever to find ways to take personal control of your finances and your future.

A solution to fit your needs and budget

Under [the [Group Name]/this] Group Long Term Care Insurance Program, coverage to help pay for long term care may be more affordable than you think. There are a variety of choices available to tailor a plan that suits your individual needs and your pocketbook. Based on [[your current] age [of xx]/age as of [date],] here are your monthly costs for a select range³ of available options.

[Group Name's/This] Program offers coverage for [Carrie Murray] starting at [\$XX.XX] per month.

[DAILY/MONTHLY] BENEFIT	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
TOTAL COVERAGE	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
YOUR MONTHLY COST	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]

Learn more!

Now that you've seen just how competitive your premiums for this Program can be, don't delay—the younger you are, the lower your cost will be. To see how this coverage may help strengthen your financial plan...

- Go to [www.genworth.com/\[groupltc\]](http://www.genworth.com/[groupltc]) to learn more about this Program and other benefits available, or to enroll online.[Or,][Use Group ID: [XXXX] and Access Code: [XXX] or,]
- Call **[866 888.8888]** to request a free information kit or have an expert on [the [Group Name]/this] Program answer your questions.

The [website and the] free information kit contain[s] all the details of this Program, including costs, benefits and any restrictions that apply. I encourage you to take a few minutes to review them, and see how this Program can work for you.

Sincerely,

[Name]

[Title]

[Group Name]

P.S. With this Program, the coverage is portable, so it can move with you if you [change jobs, [retire] or] leave [the group/Group Name].

¹ Genworth [2009] Cost of Care Survey, conducted by CareScout®, [04/09].

² "Long Term Care Financing: Policy Options for the Future." Feder, Komisar and Friedland, June 2007. Health Policy Institute, Georgetown University.

³ Assumes the ["Buy more coverage over time"] benefit increase protection, [100]% of the [Monthly] Benefit available for Assisted Living care, [75]% of the [Monthly] Benefit available for home care and does [not] include the optional nonforfeiture benefit. A waiting period of [90] days applies.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX], on policy form [series 7046] underwritten by Genworth Life Insurance Company. [Genworth Life Insurance Company is a Genworth Financial company.]

1 [Genworth logo/Group logo]

1 2 [Group Name] [voluntary]

3 [employees/members/retirees] benefits include

2 [Voluntary] Group Long Term Care Insurance.

Help protect your future from one of life's uncertainties

ENROLL BETWEEN [MONTH XX AND MONTH XX]

Dear [John],

[Group Name] is pleased to announce an important [voluntary] [employee/member/retiree] benefit, [Voluntary] Group Long Term Care Insurance. As you may be aware, the costs for long term care services are high [and keep rising].

Today, a [private room] in [a/an] [Metro Area, State]/State nursing facility averages [\$XX,XXX]¹ per year. Since an average stay is approximately three years,² a long term care situation could potentially cost [hundreds of thousands of dollars/at least [\$xxx,xxx]].

If you don't have long term care insurance, the money to pay for these expenses may have to come from your savings, your family, your friends, or the government. All are options most people would rather not rely upon. It's more important than ever to find ways to take personal control of your finances and your future.

A simple solution to fit your budget

Under [the [Group Name]/this] Group Long Term Care Insurance Program, coverage to help pay for long term care may be more affordable than you think. There are a variety of options available to tailor a plan that suits your individual needs and your pocketbook. Based on your [[current] age of [xx /age] as of [date],] here are your monthly costs for a select range³ of available options.

[Group Name's/This] Program offers coverage for [John O'Leary] starting at [\$XX.XX] per month.

YOUR MONTHLY COST	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
[DAILY/MONTHLY] BENEFIT	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
TOTAL COVERAGE	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]

Get the facts, fast.

Now that you've seen just how competitive your premiums for this Program can be, don't delay—the younger you are, the lower your cost will be. To see how this coverage may help add some certainty to your financial future...

- Go to **www.genworth.com/[groupltc]** to learn more about this Program and other benefits, or to enroll online. [Or,][Use Group ID: [XXXX] and Access Code: [XXX] or,]
- Call **[888 888.8888]** to request a free information kit or have an expert on [the [Group Name]/this] Program answer your questions.

The [website and the] free information kit contain[s] all the details of this Program, including costs, benefits and any restrictions that apply. I encourage you to take a few minutes to review them, and see how this Program can work for you.

Sincerely,

[Name]

[Title]

[Group Name]

P.S. With this Program, the coverage is portable, so it can move with you if you [change jobs, [retire] or] leave [the group/Group Name].

¹ Genworth [2009] Cost of Care Survey, conducted by CareScout®, [04/09].

² "Long Term Care Financing: Policy Options for the Future." Feder, Komisar and Friedland, June 2007. Health Policy Institute, Georgetown University.

³ Assumes the ["Buy more coverage over time"] benefit increase protection, [100]% of the [Monthly] Benefit available for Assisted Living care, [75]% of the [Monthly] Benefit available for home care and does [not] include the optional nonforfeiture benefit. A waiting period of [90] days applies.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX], on policy form [series 7046] underwritten by Genworth Life Insurance Company. [Genworth Life Insurance Company is a Genworth Financial company.]

[Group Logo] 1

GROUP LONG TERM CARE INSURANCE PROGRAM

Concerned about...

- Covering retirement expenses?
- Supporting parents and children?
- Protecting savings?



The [Group Name] Group Long Term Care Insurance Program 1
[enrollment period runs from] [Month, Date to Month, Date]. 2 1

Learn how this Program can help you plan for these needs.

For more information and to enroll visit: [www.genworth.com/groupltc]. 1 2
[Group ID: [Group Name] Access Code: groupltc]

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX], on policy form [series 7046], 1 3
underwritten by Genworth Life Insurance Company. [Genworth Life Insurance Company is a Genworth Financial company.]

Exclusively for [employees/members/
retirees][of][Group Name]

23

1

[Group Logo/
Genworth Logo]

21

GROUP LONG TERM CARE INSURANCE PROGRAM



1 Introducing [Group Name] Group Long Term Care Insurance Program

1 ENROLL BETWEEN [MONTH, DAY AND MONTH, DAY]

Great news for eligible [Group Name] [employees/members/retirees] [and their families]! We are offering an exciting Group Long Term Care Insurance Program from Genworth Life Insurance Company.

Many people need long term care and many more are caregivers to those who need it. Long term care insurance can help relieve the stress related to care giving as well as the cost of long term care. With this Program, there is [no medical underwriting] [or], [streamlined underwriting], [depending on your age and the plan you choose] if you apply during this enrollment period.*

[Go to: www.genworth.com/groupltc]

[Group ID: [Group Name] Access Code: groupltc]

• Get the facts fast • Get a quote • Enroll online
or call [888 888.8888] to speak with an expert on the Group Program.

*Applies to eligible [employees/members/retirees] of [Group Name] who apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number XXXXX, on policy form [series 7046], underwritten by Genworth Life Insurance Company. [Genworth Life Insurance Company is a Genworth Financial company.]

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Genworth Life Insurance Company
[6620 W. Broad St., Bldg. 4
Richmond, VA 23230]

1

1 3

2

[Group Name]

2 1

[Employee/Member/Retiree]

2 3

2 3

2 1

1

3 1

1

2

1 [Group Name Logo]

Hurry, there's still time...

1

ENROLLMENT PERIOD EXTENDED TO [MONTH XX, XXXX]



There's still time to enroll in the 1 [Group Name] Group Long Term Care Insurance Program.

1 ENROLLMENT PERIOD EXTENDED TO : [MONTH XX, XXXX]

Long term care insurance can help provide you with greater certainty in an otherwise uncertain world. Without it, the money to pay for long term care may have to come out of your savings or income.

[[No medical underwriting] [or] [streamlined underwriting]

[With this Program, [there is no medical underwriting] [or,] [you have streamlined underwriting] [, depending on your age and the plan you choose] if you apply during this enrollment period.]*]

It's easy to take the next step!

[Go to: www.genworth.com/groupltc

[Use Group ID: [XXXX] and Access Code: [XXXX]]

- Get the facts fast
- Get a quote
- [• Enroll online]

[or] [C/c]all [888 888.8888] to speak with an expert on the Group Program.

[*Applies to eligible [full-time/ or part-time] [actively-at-work employees] [members in good standing] [retirees] [under age [XX]] who apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.]

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], on policy form series [XXXXX], underwritten by Genworth Life Insurance Company.

[Genworth Life Insurance Company is a Genworth Financial company.]

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[Ref. # xxxxxxxx]

2
3

2/1
2

1
3
1
2
2

1[Genworth Logo/
Group Logo]

Now Available:

**Valuable Benefit for [Group Name/Sponsor
Name] [Employees/Members/Retirees]****1 3****GROUP LONG TERM CARE INSURANCE PROGRAM****GROUP LONG TERM CARE INSURANCE**

Help protect yourself, your parents, and your family from the high cost of long term care. This comprehensive and affordable group long term care insurance can help you:

- Cover yourself and/or eligible family members
- Protect your savings and assets when you retire
- Stay in your home to receive care as long as possible
- Relieve the burden of future care from loved ones

3 An accident or illness can happen at any time. Are you prepared to pay as much as [\$42,000] a year for care in your home or [\$74,000] a year for care in a facility?¹

ADVANTAGES OF GROUP COVERAGE:

1 2 With the [Group Name/Sponsor Name] Group Long Term Care Insurance Program, you [and your eligible family members] may receive lower premiums and enjoy an easier approval process than with an individual plan. And, your group coverage can move with you if you should [change jobs[,]or] retire[, or] leave your company/the group].

1 3 1

We've made it easy for you -- simply visit us online at [www.genworth.com/groupltc [Then enter Group ID [XXXXXX] and the Access Code [XXXXXX]] or call [800 416.3624].

1 2 ¹ Based on rates for a non-Medicaid certified, licensed Home Health Aide ([40] hours per week) and private nursing home room. Genworth [2009] Cost of Care Survey. Conducted by CareScout®. [04/09].

3

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49922 11/20/09

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number[XXXXX], on policy form [series 7046], underwritten by Genworth Life Insurance Company. [Genworth Life Insurance Company is a Genworth Financial company.]

1 2

SERFF Tracking Number:	LTCG-126485176	State:	Arkansas
Filing Company:	Genworth Life Insurance Company	State Tracking Number:	44746
Company Tracking Number:	GWHYBRIDAR		
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Genworth Group Long Term Care Insurance		
Project Name/Number:	Genworth 2010 Hybrid Campaign Filing/GWHYBRIDAR		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Third Party Filer Authorization Letter	
Comments:		
Attachment:	authorization letter GLIC GLICNY.PDF	

	Item Status:	Status Date:
Satisfied - Item:	Cover Letter	
Comments:		
Attachment:	AR Hybrid Campaign 2010 Submission Ltr.pdf	

	Item Status:	Status Date:
Satisfied - Item:	Explanation of Variability	
Comments:		
Attachment:	Campaign2010 EOV STD.pdf	

	Item Status:	Status Date:
Satisfied - Item:	49177 07/30/09	
Comments:		
Attachment:	49177 080309_File w VAR.pdf	



6620 West Broad Street
Building 4
Richmond, VA 23230
genworth.com

Dear Commissioner:

Genworth Life Insurance Company and, in New York, Genworth Life Insurance Company of New York hereby authorize Long Term Care Group, Inc. to submit Group Long Term Care insurance filings to state insurance departments on our behalf.

Sincerely,

Paul J. Loveland
Vice President
Genworth Life Insurance Company

2/11/2010
Date

John Connolly
Senior Vice President, Long Term Care
Genworth Life Insurance Company of New York

February 1, 2010
Date



Long Term Care Group, Inc.

February 3, 2010

Arkansas Department of Insurance
ATTN: Advertising Review

**Re: ADVERTISING FILING: ACCIDENT AND HEALTH INSURANCE
GENWORTH LIFE INSURANCE COMPANY: NAIC# 70025
Group Long Term Care Insurance 2010 Hybrid Campaign
Form Number 46872H 11/15/09, et al**

Dear Sir or Madam:

On behalf of Genworth Life Insurance Company, we at Long Term Care Group, Inc. (LTCG) submit, for your review and approval, the referenced advertising material. A letter from Genworth Life authorizing LTCG to file on its behalf is included in the filing.

This material will be used for group long term care insurance under policy form series 7046, approved for use in your state on September 13, 2005 and subsequently. This material is intended for use with those eligible under issued group contracts.

This material consists of invitations to inquire and includes announcements and reminders that could be either electronic or print.

Invitation to Contract: There are two versions of the announcements/quotes. The differences in the presentation are based on the demographic profiles that were developed using market research. Form 46873H 11/15/09 is designed for those who feel the need to investigate all options and plan ahead; form 46872H 11/15/09 is designed for a slightly younger demographic who respond to a more succinct message. Differences between the forms to indicate the changes have been highlighted. Of course, this highlighting will not appear in the printed forms. These forms will always include previously filed form 49177 07/30/09, which details the exclusions and limitations of the coverage. Form 49177 07/30/09 was filed under SERFF filing number LTCG-126317278, Arkansas filing number 43598 on October 5, 2009. A copy of the form is included for the Department's reference.

Variable material is bracketed. The Explanation of Variability describes each bracketed variable. Variables in the material account for changes that are available to the Group Policyholder for plan design or are necessary due to administrative information or timelines. Genworth Life also utilizes variables for the statistics that appear with respect to the cost of care. These statistics are always based on the same source. The statistics for cost of care are based on the Genworth Annual Cost of Care Survey.

We hope you find this submission satisfactory and look forward to your response. If helpful to the Department's review, Kathy Hamby, Genworth's Group Compliance Leader, is available to you to address any issues as they are identified.

We trust that you will find our filing to be in order and look forward to your Department's response. If you have any questions, please feel free to contact me at 508-651-8800 or tcassidy@univitahealth.com.

Sincerely,



Timothy P. Cassidy
Compliance Manager

FORMS LISTING
GROUP LONG TERM CARE INSURANCE 2010 HYBRID CAMPAIGN
For Use with Policy Form Series 7046

Form Number	Title	Type of Solicitation
46872H 11/15/09	Announcement w/Quote	Invitation to contract
46873H 11/15/09	Announcement w/Quote	Invitation to contract
49891 11/03/09	Enrollment Flyer I	Invitation to inquire
49892 11/03/09	Announcement Postcard	Invitation to inquire
49921 11/12/09	Extension Postcard	Invitation to inquire
49922 11/20/09	Enrollment Flyer II	Invitation to inquire

Genworth Life Insurance Company
Explanation of Variability
Forms 46872 11/15/09 et al
ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text

Form	Title	Variable Text [***]	Explanation	Var Type
46872H 11/15/09 Ann-Rate Quote Letter - PPR		[Genworth logo/Group logo]	Insert group name and logo if from program sponsor; Genworth Life Insurance Company if from Genworth	1
		[Group Name]	Insert group name	1
		[voluntary]	Insert if group is voluntary	2
		[employee/member/retiree]	Insert employee for employer group, member for association, retiree if appropriate	3
		[Voluntary]	Insert "voluntary" based on policyholder preference	2
		ENROLL BETWEEN [MONTH, DAY AND MONTH DAY]	Insert group enrollment period	1
		Dear [Carrie]	Insert employee/ member name	1
		[Group Name]	Insert group name	1
		[voluntary]	Insert "voluntary" based on policyholder preference	2
		[employee/member/retiree]	Insert employee for employer group, member for association, retiree if appropriate	3
		[Voluntary]	Insert "voluntary" based on policyholder preference	2
		[keep rising]	Will update statistics and remove if no longer true	2
		[private room]	insert private or semi private	3
		[a/an]	syntax depends on following word	3
		[Metro area, state/state]	insert cost of care location based on recipient address, metro if available, state if not	3
		[\$XX.XXX] per year	Insert cost of care for recipient's locale based on Genworth Annual Cost of Care Survey. Will use data from most recently published survey prior to publication date.	3
		[hundreds of thousands of dollars/at least \$xxx,xxx]	Substitute depending on whether 3 years of care in recipients locality exceeds two hundred thousand dollars or not	3
		[the [Group Name]/this[voluntary]]	Insert group name or this voluntary based on policyholder preference	1 3
		[[current] age of [XX]/as of [date]	Recipients current age if available from group name mail list	3
		[Group Name/This[voluntary]]	Insert Group name or This or This voluntary based on policyholder preference	1 3
		[Carrie Murray]	Insert employee/ member name	1
		Starting at [\$XX.XX] per month	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit eligibility limitations and exclusions will be included with the piece.	1
		[DAILY/MONTHLY] BENEFIT [XXXX];[XXXX];[XXXX]	Insert depending on type of plan selected by policyholder	1
		TOTAL COVERAGE [XXXX];[XXXX];[XXXX]	Insert depending on plan selected by policyholder	1
		YOUR MONTHLY COST [XXXX]; [XXXX];[XXXX]	Insert depending on premiums for options under plan selected by policyholder; When inserted, form # 49177 "Benefit eligibility limitations and exclusions will be included with the piece.	1
		[* [Go to www.genworth.com/groupitc] to learn more about this Program and other benefits available, or to enroll on line. [Or.] [Use Group ID [XXXXX] and Access code [XXXX], or [888-888-8888]	In or out depending on whether group has a web site; Insert case specific URL, and login credentials- Group ID and Access Code- if needed.	2 1
		[the [Group Name]/this]	Insert on a case specific basis	1
		The [website and the] free information kit contain[s]	Insert group name or this	1 3
			Delete reference to website if not available; syntax change depends on whether group has a web site.	2

Genworth Life Insurance Company
Explanation of Variability
Forms 46872 11/15/09 et al
ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text

Form	Title	Variable Text [***]	Explanation	Var Type
		[Name]	Insert name or signature from Group name if from sponsor; Genworth Life Insurance Company if from Genworth	1
		[Title]	Insert title of signee	1
		[Group Name]	Insert group name if from sponsor; Genworth Life Insurance Company if from Genworth	3
		[change jobs, [retire] or] leave [the group/Group Name].	Insert group specific portability rules; Replace "group" with "company" or other similar group description.	1 3 1
		Genworth [2009] Cost of Care Survey conducted by CareScout [04/09].	Insert most current survey. Will use data from most recently published survey prior to publication date.	3
		["Buy more coverage over time"] benefit increase protection, [100%] of the [Daily/Monthly] Benefit available for Assisted Living care.[75%] of the [Daily/Monthly] Benefit available for home care, and does [not] include the optional nonforfeiture benefit. A waiting period of [90] days applies.	Insert options or not depending on plan selected by policyholder	1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series 7046 underwritten by Genworth Life Insurance Company.	Group policy number varies by group	1
		Genworth Life Insurance Company is a Genworth Financial company.	Insert if Genworth logo used	2
46873H 11/15/09 Ann-Rate Quote Letter - ACC		[Genworth logo/Group logo]	Insert group name and logo if from program sponsor; Genworth Life Insurance Company if from Genworth	1
		[Group Name]	Insert group name	1
		[voluntary]	Insert if group is voluntary	2
		[employee/member/retiree]	Insert employee for employer group, member for association, retiree if appropriate	3
		[Voluntary]	Insert "voluntary" based on policyholder preference	2
		ENROLL BETWEEN [MONTH, DAY AND MONTH DAY]	Insert group enrollment period	1
		Dear [John]	Insert employee/ member name	1
		[Group Name]	Insert group name	1
		[voluntary]	Insert "voluntary" based on policyholder preference	2
		[employee/member/retiree]	Insert employee for employer group, member for association, retiree if appropriate	3
		[Voluntary]	Insert "voluntary" based on policyholder preference	2
		[keep rising]	Will update statistics and remove if no longer true	2
		[private room]	insert private or semi private	3
		[a/an]	syntax depends on following word	3
		[Metro area, state/state]	insert cost of care location based on recipient address, metro if available, state if not	3
		[\$XX,XXX] per year	Insert cost of care for recipients locale based on Genworth Annual Cost of Care Survey. Will use data from most recently published survey prior to publication date.	3
		[hundreds of thousands of dollars/at least [\$xxx,xxx]]	Substitute depending on whether 3 years of care in recipients locality exceeds two hundred thousand dollars or not	3
		[the [Group Name]/this[voluntary]]	Insert group name or this for voluntary groups who prefer this wording	1 3
		[current] age of [XX]/as of [date]	Recipients current age if available from group name mail list	3
		[Group Name's/This[voluntary]]	Insert group name or This or This voluntary based on policyholder preference	1 3
		[John O'Leary]	Insert employee/ member name	1
		Starting at [\$XX.XX] per month	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit eligibility limitations and exclusions will be included with the piece.	1
		YOUR MONTHLY COST [XXXX]; [XXXX];[XXXX]	Insert depending on premiums for options under plan selected by policyholder;When inserted, form # 49177 "Benefit eligibility limitations and exclusions will be included with the piece.	1
		[DAILY/MONTHLY] BENEFIT [XXXX];[XXXX];[XXXX]	Insert depending on type of plan selected by policyholder	1
		TOTAL COVERAGE [XXXX];[XXXX];[XXXX]	Insert depending on plan selected by policyholder	1
		[* [Go to www.genworth.com/groupplc] to learn more about this Program and other benefits, or to enroll on line. [Or,] [Use Group ID [XXXXX] and Access code [XXXX], or]	In or out depending on whether group has a web site; Insert case specific URL, and login credentials- Group ID and Access Code- if needed.	2 1
		[888-888-8888]	Insert on a case specific basis	1
		[the [Group Name]/this]	Insert group name or this based on policyholder preference	1 3

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Form	Title	Variable Text [***]	Explanation	Var Type
		The [website and the] free information kit contain[s]	Delete reference to website if not available; syntax change depends on whether group has a web site.	2
		[Name]	Insert name or signature from Group name if from sponsor; Genworth Life Insurance Company if from Genworth	1
		[Title]	Insert title of signee	1
		[Group Name]	Insert group name if from sponsor; Genworth Life Insurance Company if from Genworth	3
		[change jobs, [retire] or] leave [the group/Group Name].	Insert group specific portability rules; Replace "group" with "company" or other similar group description.	1 3 1
		Genworth [2009] Cost of Care Survey conducted by CareScout [04/09].	Insert most current survey. Will use data from most recently published survey prior to publication date.	3
		["Buy more coverage over time"] benefit increase protection, [100%] of the [Daily/Monthly] Benefit available for Assisted Living care,[75%] of the [Daily/Monthly] Benefit available for home care, and does [not] include the optional nonforfeiture benefit. A waiting period of [90] days applies.	Insert options or not depending on plan selected by policyholder	1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series 7046 underwritten by Genworth Life Insurance Company.	Group policy number varies by group	1
		Genworth Life Insurance Company is a Genworth Financial company.	Insert if Genworth logo used	2
49891 11/03/09	Enrollment Flyer	[Group Logo]	Insert group name and logo if from program sponsor; Genworth Life Insurance Company if from Genworth or "A [Group name] Voluntary Benefit" based on the group's preference.	1
		[Group Name]	Insert group name	1
		[enrollment period runs from] [Month, Date to Month, Date]	in or out...enrollment period varies by group	2 1
		[www.genworth.com/group] [Use Group ID [XXXXX] and Access code [XXXX]]	Insert case specific URL; In or out depending on whether group has Group ID and Access Code	2 1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series 7046 underwritten by Genworth Life Insurance Company.	Group policy number varies by group	1
		Genworth Life Insurance Company is a Genworth Financial company.	Insert if Genworth logo used	2

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Form	Title	Variable Text [***]	Explanation	Var Type
49892 11/03/09	Announcement Postcard	[Group Logo/Genworth Logo]	Insert group name and logo if from program sponsor; Genworth Life Insurance Company if from Genworth or "A [Group name] Voluntary Benefit" based on policyholder preference	1
		[employees/members/retirees]	in or out...Insert employee for employer group, member for association, retiree if appropriate	2 3
		[of][Group Name]	in or out...Insert group name	2 1
		[Group Name]	Insert group name	1
		ENROLL BETWEEN [MONTH, DAY AND MONTH DAY]	Insert group enrollment period	1
		Great news for eligible [Group Name]	Insert group name. Insert employee for employer group, member for association, retiree if appropriate. In or out, depending if family members are eligible.	1 3 2
		[employees/members/retirees] [and their families]	in or out... substitute depending on group underwriting at the time of mailing; substitute voluntary based on group preference.	2 3
		[No medical underwriting][or,][streamlined underwriting][depending on your age and the plan you choose] if you apply during this enrollment period.*	In or out depending on whether group has a web site; Insert case specific URL, Group ID and Access Code	2 1
		[* Go to [www.genworth.com/group] to learn more about this Program or to enroll on line. Use Group ID [XXXXX] and Access code [XXXX], or	Insert toll free number on a case specific basis	1
		or call [888.888.8888]	Substitute depending on group underwriting at the time of mailing. Insert group name.	3 1
		*Applies to eligible [employees/members/retirees] of [Group Name] who apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.	Group policy number varies by group	1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series 7046 underwritten by Genworth Life Insurance Company.	Substitute address if change is required	1
		[6620 W Broad St, Bldg 4 Richmond, VA 23230]	in or out... Insert group name	2 1
		[Group Name]	in or out... Insert employee for employer group, member for association, retiree if appropriate	2 3
		[Employee/Member/Retiree]	Insert if Genworth logo used	2
		Genworth Life Insurance Company is a Genworth Financial company.		
49921 11/12/09	Extension Postcard	[Group Name/Logo]	Insert group name and logo if from program sponsor; Genworth Life Insurance Company if from Genworth or "A [Group name] Voluntary Benefit" based on the group's preference.	1
		ENROLLMENT PERIOD EXTENDED TO: [MONTH XX, XXXX]	Enrollment end date varies by group	1
		[Group Name/This[voluntary]]	Insert Group name or This or This voluntary based on policyholder preference	1 3
		ENROLLMENT PERIOD EXTENDED TO: [MONTH XX, XXXX]	Enrollment end date varies by group	1
		[No medical underwriting][or][streamlined underwriting]	Paragraph in or out based on underwriting requirements at time of mailing; underwriting parameters vary based on case specific requirements	2
		[With this[voluntary] program, [there is no medical underwriting][or][you have streamlined underwriting][depending on your age and the plan you choose] if you apply during this enrollment period]*	Use voluntary based on policyholder preference; underwriting parameters vary based on case specific requirements	2 3
		[Go to www.genworth.com/group] to learn more about this Program or to enroll on line. Use Group ID [XXXXX] and Access code [XXXX]	In or out depending on whether group has a web site; Insert case specific URL, Group ID and Access Code	2 1
		[Enroll online]		
		[or [C/call [888.888.8888]	Varies based on case specific details	2 3 1
		[*Applies to eligible [full-time/part-time] [actively at work employees][members in good standing][retirees] under age [XX] who apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.]	Appears only if underwriting paragraph appears; varies based on case specific details.	2 3
		Group Policy Number [XXXXX]	Varies based on case specific details	1
		Genworth Life Insurance Company is a Genworth Financial company.	Insert if Genworth logo used	2

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Form	Title	Variable Text [***]	Explanation	Var Type
49922 11/20/09	Enrollment Flyer II	[Genworth Logo/Group Logo]	Use group logo and name if from program sponsor; or use Genworth logo and Genworth Life Insurance Company at policyholder option	1
		Valuable [Voluntary] Benefit for	Insert "voluntary" at policyholder option	1 2
		[Group Name/Sponsor Name]	Insert group name	1
		[Employee/Member/Retiree]	Based on case specific eligible classes	3
		[\$42,000] a year for care in your home or [\$74,000] a year for care in a facility	Insert cost of care for group's location, based on Genworth Annual Cost of Care Survey. Will use data from most recently published survey prior to publication date.	3
		[Group Name/Sponsor Name]	Insert group name	1
		[and your eligible family members]	in or out, based on case specific requirements	2
		[change jobs, retire or leave] [your company/the group].	Varies based on case specific requirements	1 3 1
		[www.genworth.com/group] [Then enter Group ID [XXXXX] and the Access code [XXXX]] or call [XXX-XXX-XXXX]	Insert case specific URL; In or out depending on whether group has Group ID and Access Code. Insert toll free number on a case specific basis	1 2
		[(40] hours per week); Genworth [2009] Cost of Care Survey. Conducted by CareScout. [04/09]	Will use data from most recently published survey prior to publication date.	3
		Genworth Life Insurance Company is a Genworth Financial company.	Insert if Genworth logo used	2
49177 07/30/09	Benefit Eligibility, Limitations and Exclusions			
	Reference to website	[go to www.genworth.com/group] [Group ID [XXXX] and	In or out, depending on whether website is available, and URL may vary	2 1
	Reference to web access	(Group ID [XXXX] and Access code [XXXX]) [or] call [888.888.8888]	ID, Access Code and Phone number may vary by group	1
	Limitations and Exclusions	[(a) for which no charge is made; [(b) received outside the United States;] [(c) provided by your immediate family], except as provided under the Informal Care Benefit;] [(d) provided by the Veteran's Administration or a government facility for which no charge is made;] [(e) for which benefits are payable by a Workers Compensation or occupational disease act or law, or similar act or law;] or (2) For services required because of: [(a) War or act of war;] [(b) Attempted suicide or self-inflicted injury]; [(c) Participation in a felony, riot or insurrection]; [(d) Alcoholism or drug addiction.]	Exclusions shown may be deleted or replaced by state approved language if applicable to the group.	2 3
	Coordination of Benefits	Benefits [under the Program coordinate with other [group] long term care insurance meaning that the sum of all benefits you receive will not exceed the actual charges. And, benefits] will not duplicate benefits received under Medicare or another federal, state or other governmental health care programs, except Medicaid.	Reference to coordination provisions may be deleted depending on the group. Reference to group may also be deleted. Both are based on the specifics of the issued group policy	
				2

Benefit Eligibility, Limitations and Exclusions

- 2 To understand the benefits and features available to you under this Program [go to www.genworth.com/groupltc (Group ID [XXXX]) and
1 Access code [XXXX]) [or]] call [888.888.8888]. The limitations and exclusions that apply to this coverage are listed below.

Eligibility for Benefits: Your Group Program can reimburse you, up to your plan limits, for the costs of covered long term care services. You qualify for reimbursement when you need assistance with 2 or more everyday activities which include bathing, continence, dressing, eating, toileting, and transferring out of a bed, chair or wheelchair, and the need is expected to last for at least 90 days; or when you need substantial supervision due to a cognitive impairment, such as Alzheimer's disease. A licensed health care professional must confirm your condition. The services must be part of your plan of care from a licensed health care professional.

- 2/3 **Limitations and Exclusions:** As with any insurance program, certain limitations apply. Charges that are not covered include those:
(1) For services: [(a) for which no charge is made; [(b) received outside the United States;] [(c) provided by your immediate family[, except as provided under the Informal Care Benefit;] [(d) provided by the Veteran's Administration or a government facility for which no charge is made;] [(e) for which benefits are payable by a Workers Compensation or occupational disease act or law, or similar act or law;]
or (2) For services required because of: [(a) War or act of war; [(b) Attempted suicide or self-inflicted injury; [(c) Participation in a felony, riot or insurrection; [(d) Alcoholism or drug addiction.]

- 2 Benefits [under the Program coordinate with other [group] long term care insurance meaning that the sum of all benefits you receive will not exceed the actual charges. And, benefits] will not duplicate benefits received under Medicare or another federal, state or other governmental health care programs, except Medicaid.